

Date: <u>October 1, 2001</u>	From: <u>R. Stephen Dildine, Jr.</u> (PRINT NAME)
FORWARD TO: A. Art Unit: <u>2133</u> B. Class: <u>714</u> C. Subclass: <u>718+</u>	Reason(s): A. You had parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:

Memory testing

Date: _____	From: _____ (PRINT NAME)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C. Subclass: _____	Reason(s): A. You had parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:

Date: _____	From: _____ (PRINT NAME)
FORWARD TO CLASSIFIER: 	Reason(s): A. You had parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:**DISPOSITION BY 2700 CLASSIFICATION**

Date: _____	Classifier: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C. Subclass: _____	Reason(s): A. You had parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED: